

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>10/1/20</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2020
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, HENDERSONVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

370 OLD SHACKLE ISLAND RD
HENDERSONVILLE, TN 37075

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 000 INITIAL COMMENTS

F 000

Complaint investigation #51604 was completed on 7/29/2020 at NHC Healthcare Hendersonville. Deficiencies were cited related to complaint investigation #51604 under 42 CFR PART 483, Requirements for Long Term Care Facilities.

F 580 Notify of Changes (Injury/Decline/Room, etc.)
SS=D CFR(s): 483.10(g)(14)(i)-(iv)(15)

F 580

Please see attached plan of correction. 9/15/2020

§483.10(g)(14) Notification of Changes.
(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).
(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.
(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-
(A) A change in room or roommate assignment

RECEIVED
AUG 21 2020
BY: *Sg*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chris Acerra

TITLE

Administrator

(X6) DATE

8/21/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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HENDERSONVILLE, TN 37075

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 580 Continued From page 1

F 580

as specified in §483.10(e)(6); or
(B) A change in resident rights under Federal or
State law or regulations as specified in paragraph
(e)(10) of this section.
(iv) The facility must record and periodically
update the address (mailing and email) and
phone number of the resident
representative(s).

§483.10(g)(15)

Admission to a composite distinct part. A facility
that is a composite distinct part (as defined in
§483.5) must disclose in its admission agreement
its physical configuration, including the various
locations that comprise the composite distinct
part, and must specify the policies that apply to
room changes between its different locations
under §483.15(c)(9).

This REQUIREMENT is not met as evidenced
by:

Based on facility policy review, medical record
review, and interview the facility failed to notify the
physician and family upon discovery of open
areas on the body of 1 of 3 residents (Resident
#1) reviewed for open areas.

The findings include:

Review of undated facility policy Patient Rights
revealed "...It is the intention of [named facility]
that all treatment decisions and especially end of
life treatment decisions be made as a part of the
ongoing planning of the patient, persons speaking
on behalf of the patient, and the patient's
personal physician with minimal institutional
intrusion. You have the right to accept or refuse
any medication or treatment..."

Review of the medical record, revealed Resident

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 370 OLD SHACKLE ISLAND RD HENDERSONVILLE, TN 37075		
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F 580	Continued From page 2 #1 was admitted to the facility on 6/22/2020 with diagnoses which included Traumatic Ischemia of Muscle, Severe Protein-Calorie Malnutrition, Adult Failure to Thrive, and Delusional Disorders. Review of the admission Minimum Data Set (MDS) dated 6/28/2020 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated severe cognitive impairment. Review of the care plan dated 6/23/2020 revealed Resident #1 was care planned for skin break down and to be observed by staff for any signs and symptoms of skin irritation. Review of the progress note for nursing dated 7/18/2020 revealed "...Pt [patient] has opening on sacrum and R [right] shoulder. Notified wound nurse and applied dressing and cream..." During an interview with Licensed Practical Nurse (LPN) #1 on 7/29/2020 at 1:18 PM revealed LPN #1 cared for Resident #1 on July 18th and 19th. Continued interview revealed LPN #1 was alerted by the Certified Nurse Aide (CNA) #1 Resident #1 had red area on her sacrum and right shoulder. Continued interview confirmed LPN #1 did not notify the physician or the assigned family member of the open areas discovered. Continued interview revealed LPN #1 stated "...I should have put in the standing orders for wounds..." During an interview on 7/29/2020 with the Director of Nursing (DON) at 2:39 PM confirmed it was LPN #1's responsibility to notify the physician, put the standard orders in the computer and call the family.	F 580			

Plan of Correction: F 580

What corrective action was accomplished for the resident found to have been affected by the deficient practice?

Completed by the Director of Nursing, LPN #1 was educated related to notification of Family and MD with any change in Patient's Skin Condition.

How have other residents having the potential to be affected by the same deficient practice been identified and what corrective action has been taken?

Completed by the Director of Nursing and the Facility Risk Management Nurse, all current patients with wounds and treatment orders will be audited for Family and MD notification. If any discrepancies are noted, all families and Physicians will be notified immediately.

What measures have been put into place or what systematic changes have been made to ensure that the deficient practice does not recur?

Completed by the Nurse Management, 100% of Licensed Staff will be educated on Family and MD Notification with any change in Patient's Skin Condition.

Overseen by the MDS Coordinator, completed by the Facility WCN; all new patient treatment orders will be reviewed daily. Orders will be printed by the MDS Nurse and given to the Facility WCN. Treatment orders will be reviewed, and the Patient's chart will be audited for documentation of the family and physician notification. If any discrepancies are found, all families and Physicians will be notified immediately. This will continue as a systematic change within the Facility.

How will the corrective action be monitored to ensure the deficient practice will not recur? i.e. what quality assurance will be put into place?

Completed by the Director of Nursing or designee, the above-mentioned Systematic Change will be monitored for completion and accuracy. This monitor will continue weekly x four (4) weeks, then monthly x two (2) months. All results will be reported to the Quality Assurance Committee monthly and will continue if needed as directed. The Quality Assurance Committee consists of the Facility Medical Director, other Physicians, the Facility Administrator, the DON, ADON, DOR, WCN, the Nurse Risk Management Coordinator, Facility Dietician, and HIM Coordinator.

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BY: lg

Date Completed: 9/15/2020

PCA